18 MAR 2005 Rec'd PCT/PTO

(Status - patented, pending, abandoned)

10/528343

Attorney Docket No. _ 0020-5350PUS1

BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE

(if any)

Page 1 of X3 (Rev. 05/2004)

(Application Number)

FOLLOWING			77 A TTT C A A A A A A A A A A A A A A A A	DOMED OF	ATTODNIEV				
_			RATION AND						
	FOI	R PATENT	AND DESIGN	APPLICA	TIONS				
4	As a halour named inve	ntor I hereby de	eclare that: my residence	e, post office addre	ess and citizenship are	as stated next	to my name;		
-	invention entitled:	ntors are named	t below) of the subject	natter which is t		or an original, f h a patent is so	irst and joint ought on the		
Insert Title:	NOVEL ADEN	INE COMP	OUND AND US	E THEREOR	יק 				
Fill in Appropriate	forth above and for the	following:	reto. If not attached here				umber as set		
Information -	The specification v	vas filed on					as		
For Use Without							and/or		
Specification	and amended on _	· C1 · 1 · · ·	September 26, 2	003		_ (II applicable)	as PCT		
Attached:	the specification w International App	as filed on lication Number	September 26, 20 PCT/JP2003/01232	0		; (if ap)	and was plicable)		
	amended on					ion including	the claims as		
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal								
	Regulations, §1.56. I do not know and thereof, or patented or	l do not believe t described in an	he same was ever know y printed publication ir	n or used in the Ui any country befo	nited States of Americ ore my or our inventi	a before my or on thereof or m	our invention nore than one		
	date of this application	n in any count ns more than tw	ry foreign to the Unit velve months (six mont)	ns for designs) pri	or to this application	, and that no a	pplication for		
	year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having								
	a filing date before that of the application on which priority is claimed: Prior Foreign Application(s)				, p	Priority Claimed			
Insert Priority	2002-283428	Japan		09/27/20	02				
'Information: (if appropriate)	(Number)	(Country)		(Month/Day/	Year Filed)	Yes	No		
(2002-301213	Japan		10/16/20					
	(Number)	(Country)		(Month/Day/	Year Filed)	Yes	No		
	(Number)	(Country)		(Month/Day)	Year Filed)	Yes	No		
	(Number)	(Country)		(Month/Day,	(Year Filed)	Yes	No		
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
Insert Provisional				<u></u>					
Application(s): (if any)	(Application Number)	l		(Filing Da	ite)				
	(Application Number)			(Filing Da	·				
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number		Date of Filing (Montl	n/Day/Year)			
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code or Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCI international filing date of this application.								
Insert Prior U.S. Application(s):	(Application Number)	(Filing Date)	·	(Status - patented, pe	ending, abandor	ned)		

(Filing Date)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys of agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	such willful false statements may jeopardize the va	many or the apparatus as any passes		
all Name of First	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
all Name of First or Sole Inventor: sert Name of Inventor sert Date This Document is Signed	Yoshiaki ISOBE	Yoshidi Jarle		Feb. 7. 2005
sent Residence	Residence (City, State & Country)		CITIZENSHII	
ssart Citizenship →	Osaka-shi, Osaka-fu, Japan	SOL	Japan	
rsurt Post Office Address →	MAILING ADDRESS (Complete Street Address i	S (COMPANY, LITHITCHI).		
	1-98, Kasugadenaka 3-chome,	Konohana-ku, Osaka-	shi, Osak	a-fu, Japan
ull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
1 de above	Haruo TAKAKU	Harry Jakohu		102/10/2005
<i>y</i> -w	Residence (City, State & Country)		CITIZENSHII	,
	Osaka-shi, Osaka-fu, Japan	JOV	Japan	
	MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL)	including City, State & Country) S. COMPANY . TIMITED .		
	1-98, Kasugadenaka 3-chome,	Konohana-ku, Osaka-	shi, Osak	a-fu, Japan
ull Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
see above	Haruhisa <u>OGITA</u>	Haruhsta 09	JA CITIZENSHII	02/19/2005
1500	Residence (City, State & Country)			
	Saitama-shi, Saitama-ken, J		Japan	
**	MAILING ADDRESS (Complete Street Address 308, Florestacasa, 243, Hon	including City, State & Country) GO-cho, Kita-ku, Sai	tama-shi	,
	300/ 11010000000000000000000000000000000	-		
	Saitama-ken, Japan			
Full Name of Fourth Inventor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE			DATE* 02/07/2005
Invertor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHI	DATE* 02/07/2005
Invertor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan	INVENTOR'S SIGNATURE Masanoù Tobe 50		DATE* 02/07/2005
Invertor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address	INVENTOR'S SIGNATURE Masanoù Tobe John State & Country) S. COMPANY, LIMITED.	CITIZENSHI Japan	DATE* 02/07/2005 P
Invertor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,	INVENTOR'S SIGNATURE Masangi Tobe including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	CITIZENSHI Japan	DATE* 02/07/2005 P Ka-fu, Japan
Invertor, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE Masansic Tobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE	Japan shi, Osal	DATE* 02/09/2005 Ra-fu, Japan DATE*
Inventor, if any: The above The above Full Name of Fifth	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO	INVENTOR'S SIGNATURE Masangi Tobe including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	Japan shi, Osal	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005
Inventor, if any: The above The above Full Name of Fifth	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country)	INVENTOR'S SIGNATURE Masansic Tobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE	CITIZENSHI Japan shi, Osal	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005
Inventor, if any: The above The above Full Name of Fifth	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan	INVENTOR'S SIGNATURE Masanoù Tobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE Ayumu Murimu	Japan shi, Osal	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005
Inventor, if any: The above The above Full Name of Fifth	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL	INVENTOR'S SIGNATURE Masanoù Jobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-KU, OSAKA- INVENTOR'S SIGNATURE Ayumu Murumu including City, State & Country) S COMPANY, LIMITED,	CITIZENSHI Japan shi, Osal CITIZENSHI Japan	DATE* 02/09/2005 Ra-fu, Japan DATE* 02/07/2005
Full Name of Fifth Invester, if any:	GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome,	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE INVENTOR'S SIGNATURE Including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	CITIZENSHI Japan shi, Osal CITIZENSHI Japan	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005 P
Full Name of Sixth thverster, if any:	GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE Masansic Tobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE	CITIZENSHI Japan shi, Osal CITIZENSHI Japan	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005 P Ka-fu, Japan DATE*
Invertor, if any: Full Name of Fifth Invertor, if any: see above	GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Tetsuhiro OGINO	including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE INVENTOR'S SIGNATURE Including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka-	CITIZENSHI Japan shi, Osal CITIZENSHI Japan	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005 Ra-fu, Japan DATE* 02/08/2005
Full Name of Sixth thverster, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Tetsuhiro OGINO Residence (City, State & Country)	INVENTOR'S SIGNATURE Masansic Tobe including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE including City, State & Country) S COMPANY, LIMITED, KONOHANA-ku, OSAKA- INVENTOR'S SIGNATURE	CITIZENSHI Japan Shi, Osal CITIZENSHI Japan Shi, Osal	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005 Ra-fu, Japan DATE* 02/08/2005
Full Name of Sixth thverster, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Tetsuhiro OGINO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan	INVENTOR'S SIGNATURE Masanoù Tobe including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE Jetsuhing Cymr	Japan shi, Osal CITIZENSHI Japan shi, Osal	DATE* 02/07/2005 Ra-fu, Japan DATE* 02/07/2005 Ra-fu, Japan DATE* 02/08/2005
Full Name of Sixth thverster, if any:	Saitama-ken, Japan GIVEN NAME/FAMILY NAME Masanori TOBE Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Ayumu KURIMOTO Residence (City, State & Country) Osaka-shi, Osaka-fu, Japan MAILING ADDRESS (Complete Street Address C/O SUMITOMO PHARMACEUTICAL 1-98, Kasugadenaka 3-chome, GIVEN NAME/FAMILY NAME Tetsuhiro OGINO Residence (City, State & Country)	INVENTOR'S SIGNATURE Masansic Tobe including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE including City, State & Country) S COMPANY, LIMITED, Konohana-ku, Osaka- INVENTOR'S SIGNATURE Jetsulum Ognur including City, State & Country) S COMPANY, LIMITED.	CITIZENSHI Japan Shi, Osal CITIZENSHI Japan CITIZENSHI Japan	DATE* 02/09/2005 Ra-fu, Japan DATE* 02/07/2005 Ra-fu, Japan DATE* 02/05/2005

Pac'd PCT/PTO 18 MAR 2005

	•			D. L. INT.			
	SARREARDA	10/528	343 AH	0020-5350P			
Full Name of Seventh	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any: sec above	Hitoshi FUJITA	Jostoshi Frinte		02/10/2005			
7-00	Residence (City, State & Country) 'Osaka-shi', Osaka-fu, Japan MAILING ADDRESS (Complete Street Address i	22/	Japan Japan				
	shi, Osal	ka-fu, Japan					
Full Name of Eight Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII) 			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Ninth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Tenth Invertor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHI	P			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Eleventh Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSH	IP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Twelfth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSH	IP			
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Thirteenth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSI	HIP			
	MAILING ADDRESS (Complete Street Addres	s including City, State & Country)					
	I						

Page 3 of 3 (Rev. 05/2004)

*DATE OF SIGNATURE